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USPT	std	9445	L2
USPT	(saline or pbs) same microscop$	4618	L1

Trichomonas vaginalis: A comparative analysis of diagnostical methods

de Santi Alvarenga, V.L.; Santiago, M.C.T.P.; Cicarelli, R.M.B.
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ISSN: 0101-3793
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SUBFILE: Microbiology Abstracts C: Algology, Mycology & Protozoology

Trichomoniasis is the most prevalent non viral sexually transmitted disease caused by **protozoa** , Trichomonas vaginalis, and the usual methods for diagnosis are not very sensitive to detect the parasite. In this paper, the efficiency of some methods was analysed such as wet mount, culture in **Diamond** medium and Indirect immunofluorescence reaction, using biotinylated or non-biotinylated anti-human IgG, IgM and IgA conjugates the cultures showed a little bit better results than wet mount. When using biotinylated conjugates, IIF titers were lower than those with non biotinylated ones, even though no reaction has been detected with anti-human IgA conjugate. ELISA was also used for antibody detection in patient sera who showed positivity at least for one of the tests. These analyses were done using the same biotinylated conjugates and diluted sera at 1/200, 1/400 and 1/800, showing that ELISA can be used instead IIF with advantages in that test, IgA antibodies could also be detected when biotinylated conjugate was used the ELISA test could be used concomitant with culture and wet mount to help trichomoniasis diagnosis.

DESCRIPTORS: Bioassays; Reviews; Diagnosis; Sexually-transmitted diseases; Immunoassays; Trichomonas vaginalis
SECTION HEADING: 03071 -- Protozoa

A stubborn amoeba takes center stage

Cohen, Jon

Science (GSCI), v267 n5199, p822-824, p.3
Feb 10, 1995
ISSN: 0036-8075 JOURNAL CODE: GSCI
DOCUMENT TYPE: Letter
LANGUAGE: English RECORD TYPE: Fulltext; Abstract
WORD COUNT: 1321 LENGTH: Medium (10-30 col inches)

ABSTRACT: While amebiasis, a diarrheal disease, gets short shrift from most funding agencies, Mexico has been extensively studying the disease, which causes over 100,000 deaths a year, for over 20 years. The study of amebiasis and the organism that causes it is one of the few fields in which Mexico is a leader.

TEXT:

Mexico City--Amebiasis, the diarrheal disease caused by Entanoeba histolytica, is one of those serious diseases that tend to get short shrift from funding agencies in rich countries like the United States. But not in Mexico. For more than 20 years, Mexico has produced some of the world's leading researchers studying E. histolytica, a **protozoan** that afflicts millions of people with diarrhea and, in extreme cases, causes liver abscesses. All told, the organism accounts for an estimated 100,000 deaths a year. "The largest center for doing work on amebiasis in the world is Mexico," says Louis **Diamond** , who studied amebiasis for 35 years at the U.S. National Institutes of Health (NIH).

Diamond, who retired last year, had the only lab on the NIH campus studying the disease. In contrast, Mexico City's Center for Research and Advanced Studies (CINVESTAV) alone has three prominent amebiasis research groups. "In the long term, [Mexican researchers have] made some of the really pivotal observations," says Sharon Reed, an amebiasis researcher at the University of California, San Diego. "They were pioneers in the field, and they're still in there." Their work touches on almost every aspect of the disease: how prevalent it is, how E. hiscolytica destroys cells, how to detect it, and what proteins it contains. Mexican investigators have also been key players in a debate about whether or not there is a benign strain of Entamoeba as well as the disease-causing one--a debate whose outcome will shape future public-health strategies (see box).

Mexico's commitment to amebiasis research stems from its high rate of the disease: A recent survey of nearly 70,000 Mexican blood samples revealed that 8.4% showed evidence of prior infection with a disease-causing strain of the amoeba. Mexican researchers hope their work will lead to new treatment and vaccine strategies. There is certainly a need for new approaches: Although the drug metronidazole is effective against acute amebiasis, the disease still causes over 1200 deaths annually in Mexico alone. And because it can be difficult for a clinician to be sure that a patient's diarrhea is caused by amebiasis and not another disease (such as bacterial dysentery or inflammatory bowel disease), researchers are also working on new diagnostic tests, some based on cutting-edge technologies such as the polymerase chain reaction.

Thanks to the work of the now-deceased amebiasis researcher Bernardo Seplveda Gutierrez, the Mexican government long ago decided that tackling these problems was a priority. "Sepulveda built the whole thing up," says Diamond, noting that his former colleague also launched an international seminar about the disease that for more than two decades has remained the best attended amebiasis meeting in the world.

The senior statesperson of Mexican amebiasis research today is Adolfo Martinez-Palomo, the head experimental pathologist at CINVESTAV. Martinez-Palomo is renowned for his stunning scanning electron micrographs (EMs) of E. histolytica, which have helped detail its morphology and pathogenesis. "He's made beautiful EMs of amoebas invading the intestinal epithelium," says William Petri, a microbiologist at the University of Virginia who studies the pathogenesis of amebiasis. Petri notes that Martinez-Palomo offered some of the first evidence that the organism has to contact cells to kill them.

Just how the amoeba causes disease is also a specialty of CINVESTAV's Esther Orozco, one of Martinez-Palomo's former graduate students. Orozco, a Howard Hughes Medical Institute international research scholar (a recipient

of a 5-year grant but not, unlike Hughes investigators in the United States, an institute staff member), has shown that after latching onto a host's cells, virulent E. histolytica strains can destroy them by phagocytosis--simply gobbling them up. The key evidence comes from landmark 1983 work in which Orozco took bacteria that had a gene making them sensitive to light and fed them to a pathogenic strain of E. histolytica. She then illuminated her samples, a treatment that selectively killed bacteria-filled amoebas. The amoebas that survived were those that had engulfed fewer bacteria because of a decreased rate of phagocytosis. When tested in cell cultures, they turned out to be dramatically less virulent.

Isaura Meza, who heads the cell biology department at CINVESTAV, is studying the molecular mechanisms behind E. histolytica's cell-killing ability. Meza's specialty is the cytoskeleton of E. histolytica and, in particular, the role of actin, a protein that helps the amoeba move. As Meza, her co-workers, and others have shown, actin is a lead actor in the process by which E. histolytica binds to a host's cells and lyses them, a cell-killing mechanism that is separate from phagocytosis. Meza also helped identify a surface protein of E. histolytica found mainly in people who have symptomatic disease. If the amoeba does indeed have two strains, she says, this protein may be a key to distinguishing between people who are infected with pathogenic and nonpathogenic strains.

Besides these three CINVESTAV researchers and their co-workers, half a dozen other Mexican research groups at other institutions have shed much light on amebiasis. And all of these groups are continuing to train a new generation of amebiasis researchers. "This is one of the few fields in science where Mexico is a leader," Martinez-Palomo says, and if the efforts by him and his colleagues pay off, Mexican researchers are likely to remain at the top for years to come.

THE AMEBIASIS ORGANISM: A JEKYLL-AND-HYDE PARASITE?

Clinicians have long puzzled over the fact that only about 10% of the 500 million people infected with Entamoeba histolytica develop dysentery and liver abscesses--the hallmarks of amebiasis. During the past few years, however, most amebiasis researchers have settled on an explanation: There are two strains of the protozoan--the disease-causing E. histolytica and a benign strain called E. dispar. But one leading Mexican investigator, Esther Orozco of the Center for Research and Advanced Studies (CINVESTAV) in Mexico City, isn't convinced. She thinks that there's only one form of the protozoan; in symptomless infections, it's just lying low.

"We differ from most people," Orozco acknowledges. Indeed, other than Orozco and David Mirelman from Israel's Weizmann Institute of Science, nearly every major amebiasis investigator now firmly backs the two-strain hypothesis. But the debate, now several years old, continues to trouble the field because it has profound clinical implications, says CINVESTAV's senior amebiasis investigator, Adolfo Martinez-Palomo. If there is only one strain, everybody who is infected would need treatment, he explains. But if the vast majority of infected people harbor the benign dispar strain, then only those who have the histolytica strain would require treatment. Moreover, any vaccine should be tailored to E. histolytica, not E. dispr.

One clue to the existence of two strains surfaced in 1973, when Martinez-Palomo and his co-workers showed that in the test tube, E. histolytica derived from people with dysentery behaved differently from organisms isolated from healthy carriers. Five years later, Peter Sargeaunt and his colleagues at the London School of Hygiene and Tropical Medicine bolstered the two-strain theory by showing that pathogenic amoebas had different enzymes.

Still more evidence has come from molecular biologists, such as Graham Clark of the U.S. National Institute of Allerg and Infectious Diseases (NIAID) and Egbert Tannich of the Bernhard Nocht Institute in Hamburg, who recently found that the genes of pathogenic and nonpathogenic amoebas differ significantly. Concludes Louis Diamond, a veteran amebiasis researcher who recently retired from NIAID, "There are two species. It's settled."

Not as far as Orozco is concerned. "We think Entamoeba histolytica may be a single species that's able to modulate the virulence," she says. She notes that her lab and Mirelman's have found that altering the conditions in which E. histolytica is growing can, by some still-unknown mechanism, transform the protozoan from pathogenic to nonpathogenic. Orozco has also

shown that she can take a single E. histolytica, clone it, and end up with a less virulent "sister clone." The organism "is very, very plastic," says Orozco. "I think it's a big mistake of the scientific community to be too passionate about one hypothesis or the other. We need to do more research."

DESCRIPTORS: Research; Diarrhea; Bacteria; Biology

Respiratory and intestinal trichomoniasis in mule ducks

Tsai, S S; Chang, T C; Kuo, M; Itakura, C
Avian Pathology (AVP), v26 n3, p651-656, p.6
Sep 1997
ISSN: 0307-9457 JOURNAL CODE: AVP
DOCUMENT TYPE: Feature
LANGUAGE: English RECORD TYPE: Fulltext; Abstract
WORD COUNT: 1287

ABSTRACT: Tsai et al discuss finding two types of trichomoniasis from Tetratrichomonas anatis in two duck farms.

TEXT:

Headnote:

S. S. TSAI,1 T. C. CHANG,1 M. KUO1 & C. ITAKURA2

Headnote:

SUMMARY

Two types of trichomoniasis, respiratory and intestinal, were found in two duck farms. Based on the morphological features, the organism was identified as Tetratrichomonas anatis.

In the first outbreak, main clinical signs were bilateral swelling of in&raorbital sinuses, sneezing and profuse diarrhoea with high fatality (300/400) in young ducks. Histological lesions were confined to the upper respiratory tract and lower small intestine and consisted of mucofibrino-purulent sinusitis and catarrhal rhinitis, tracheitis and enteritis. The protozoa appeared frequently in the infraorbital sinuses, the respiratory region of the nose, and the lower small intestine, but rarely in the trachea. In the second outbreak, the lesions were limited to the lower small intestine with catarrhal enteritis in adult ducks clinically showing profuse diarrhoea and low mortality.

INTRODUCTION

The cause of intestinal trichomoniasis, Tetratrichomonas anatis, has been reported to inhabit the lower digestive tract of ducks (Diamond, 1957). This organism induces catarrhal enteritis leading to yellowish diarrhoea and mortality up to 60 to 70% in young ducks, and salpingitis with yolk peritonitis in adults. Hexamita sp. and Trichomonas sp. have been associated with fibrino-necrotic enteritis in the lower small intestine of breeder ducks (Leibovitz, 1973). However, some researchers have suggested that the trichomonas is a nonpathogenic organism which tends to multiply in fluid faeces (George, 1980). Respiratory trichomoniasis is found in infants (McLaren et al., 1983), pigs (Soulsby, 1968) and pigeons (Charlton et al., 1991). As far as we know, the respiratory form of trichomoniasis has not been reported in ducks. This paper describes two incidences of trichomoniasis involving the upper respiratory and lower digestive tracts in ducks.

CASE REPORT

(Photograph Omitted)

Captioned as: Figure 1.

The first outbreak occurred in a farm having about 10,000 3-day-old ducks that had been reared in southern Taiwan. The main clinical signs were cough, sneezing with a dirty beak and diarrhoea, followed by marked swelling of the infra-orbital sinuses of both sides (Figure 1). Sick ducks were not submitted to necropsy until 28 days old. The morbidity was about 4% (400/10,000) and the mortality was about 3% (300/10,000) at 28 days of age. Treatment with amoxicillin (200 parts/106), diazine plus trimethoprim (500 parts/106) and chloramphenicol (400 parts/106) had no effect. Three ducks necropsied at 28 days of age showed muco-fibrino-purulent sinusitis in both sides of infraorbital sinuses (Figure 2), and much mucus in the lumen of the lower small intestine.

The second incidence occurred in 70-day-old ducks that showed signs of diarrhoea and emaciation. Mortality was rare, but about 2,000 out of the 7,000 ducks were culled within a month due to emaciation. The flock was injected intramuscularly with antiserum for duck virus hepatitis at 1-day-old and vaccinated with killed fowl cholera bacterin at 30 days old. Treatments with sulphamonomethoxine (500 parts/106), bacitracin (150 parts/106) and amprol plus (amprolium + ethopabate; 150 parts/106) were not effective. Three ducks necropsied at 70 days of age showed generalized atrophy of internal organs and catarrhal inflammation in the lower small

intestine. In addition, one duck had gizzard erosion and greyish-white pseudomembranous inflammation in the oesophageal mucosa between the crop and proventriculus.

Wet smears were made from the exudates of infraorbital sinuses and intestinal contents from ducks from both incidences. Many motile protozoa having an undulating membrane and flagella were seen, and after staining with Liu's method they were revealed as pear-shaped and measured about 12 to 20 Hm in length and 8 to 12 (mu)m in width. They had a nucleus, four anterior flagella, a backwardly directed trailing flagellum, a pelta, a clearly visible axostyle and an undulating membrane. Based on these morphological features, the organisms were identified as Tetratrichomonas anatis (George, 1980). Besides these protozoa, many unidentified bacteria were also found in the smears.

(Photograph Omitted)

Captioned as: Figure 2.

In the both outbreaks the organs of the necropsied ducks including the brain, eyes, infra-orbital sinuses, nose, trachea, lung, heart, oesophagus, crop, gizzard, liver, intestines, spleen, bursa of Fabricius and kidney were collected, fixed in 10% buffered formalin, embedded in paraffin, sectioned, and stained with haematoxylin and eosin (HE).

Sections of the upper respiratory tract from the first outbreak including the in&aorbital sinuses, nose and trachea, showed marked hyperplasia of mucous cells in their epithelia. Excess mucofibrinous exudate containing many desquamated epithelial cells and heterophils, some mononuclear cells and erythrocytes were present in their lumens.

A large number of pyriform-shaped protozoa stained purplish-red with HE were seen in the infra-orbital exudates. In the nose they were detected only in the respiratory region, but not in the vestibular and olfactory areas. A few protozoa were found in the trachea although none in the lung.

In both outbreaks there were many pyriform protozoa in the lower small intestine within the intestinal and crypt lumens and associated with an increase of goblet cells and excess mucus secretion (Figure 3). Marked infiltration of plasma cells and lymphocytes was noted in the lamina propria of the small intestine. No organisms were observed in the upper small intestine and caeca. Hyperkeratosis with superficial invasion of candidial hyphae and blastospores was found in both the eroded gizzard and oesophageal mucosa of the second incident. Urolithiasis was frequently found in the renal tubules.

DISCUSSION

Tetratrichomonas anatis has been blamed for causing catarrhal to fibrinous enteritis (**Diamond** , 1957; Leibovitz, 1973). The associated lesions included pericarditis, peritonitis, pleuritis, salpingitis, and focal necrosis in the liver, intestinal wall and other visceral organs (**Diamond** , 1957). In the present study, lesions were confined to the upper respiratory tract and lower small intestine. The **protozoa** found in the different organs seemed to be the same species based on their morphological characteristics.

(Photograph Omitted)

Captioned as: Figure 3.

Tetratrichomonas suis is found in the digestive and upper respiratory tracts of pigs, but its pathogenicity is not completely established (Soulsby, 1968). Respiratory trichomoniasis caused by Trichomonas vaginalis has been reported in two infants whose mother previously had had episodes of trichomoniasis vaginitis (McLaren et al., 1983). Unfortunately, the transmission route of duck respiratory trichomoniasis in our cases was not determined.

There are discrepancies concerning the pathogenicity of Tetratrichomonas anatis in ducks. Despite the respiratory and intestinal involvements in the present study, the protozoa certainly induced tissue reactions in situ. The diarrhoea described during the second incident showed an excellent improvement after treatment with 600 parts/106 dimetridazole for 6 days. These facts seemed to indicate that Tetratrichomonas anais was pathogenic for ducks. Its pathogenicity was agedependent, similar to that of Trichomonas gallinae in squabs (Charlton et al., 1991). However, massive infections of Trichomonas anatis are established only when the mucosa is in a catarrhal condition (Kotlan, 1923). Whether it is a primary or secondary pathogen for ducks needs

further study.

Footnote:
Received 18 March 1996; Accepted 9 September 1996.

Reference:
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[Pentatrichomonas hominis from beagle dogs--detection method, characteristics and route of infection]

Fukushima T; Mochizuki K; Yamazaki H; Watanabe Y; Yamada S; Aoyama T; Sakurai Y; Mori H; Nakazawa M

Fuji Life Science Incorporated, Yamanashi, Japan.

Jikken dobutsu (JAPAN) Apr 1990, 39 (2) p187-92, ISSN 0007-5124
Journal Code: EOH

Languages: JAPANESE

Document type: Journal Article

Record type: Completed

Subfile: INDEX MEDICUS

Pentatrichomonas sp. from the feces of beagles was cultured axenically, and identified as P. hominis. The culture medium used was slightly modified **Diamond** 's medium supplemented with chicken liver extract and rifampicin. Based upon good proliferation after inoculating only a few organisms in this medium, a fecal examination method employing cultivation was developed. Resistance of the trichomonad against disinfectants and metronidazole was tested, and it was found that the **protozoan** was rather susceptible. After oral administration of the organism to mice and rats, all the treated animals were infected. Since two types of the trichomonad, moving and non-moving, were detected, the presence of any type resistant to standing or drying was ruled out. A possible route of trichomonad infection to beagles is discussed.

Tags: Animal; Female; Male

091 598604

Microsporid **gonitis caused by Microsporum nanum.**

Ratka P

Mycopathologia (NETHERLANDS) Oct 1985, 92 (1) p45-7, ISSN 0301-486X Journal Code: NO4

Languages: ENGLISH

Document type: Journal Article

Record type: Completed

Subfile: INDEX MEDICUS

The mycid reaction in the form of exudative gonarthritis was observed in the case of a 65-year-old farmer suffering from a profound mycosis of the chin.

Tags: Case Report; Human; Male

Descriptors: Arthritis, Infectious--diagnosis--DI; *Dermatomycoses --diagnosis--DI; *Microsporum--pathogenicity--PY; * **Skin** Diseases --diagnosis--DI; Aged; Arthritis, Infectious--etiology--ET; Dermatomycoses --etiology--ET; Microsporum--isolation and purification--IP; **Skin** Diseases--etiology--ET

Record Date Created: 19860109

Unusual infections in humans.

Neafie RC; Marty AM

Parasitic Disease Pathology Branch, Armed Forces Institute of Pathology, Washington, D.C. 20306-6000.

Clinical microbiology reviews (UNITED STATES) Jan 1993, 6 (1) p34-56 , ISSN 0893-8512 Journal Code: CMR

Languages: ENGLISH

Document type: Journal Article; Review; Review of Reported Cases

Record type: Completed

Subfile: INDEX MEDICUS

Nine cases of unusual infections in humans are presented. In each case, we present the clinical history, histopathologic changes (if indicated), morphologic features of the causative organism, diagnosis, discussion, differential diagnosis, therapy, and current literature. All of the cases are illustrated with pertinent photographs. The nine cases are as follows: (i) acanthocephaliasis, the first acquired human infection by Moniliformis moniliformis in the United States; (ii) dipylidiasis, an uncommon infection caused by the dog tapeworm, Dipylidium caninum; (iii) granulomatous amebic encephalitis, caused by the recently identified leptomyxid group of amebae; (iv) schistosomiasis, a dual infection of the urinary bladder with the rare presentation of both adult worms and eggs of Schistosoma haematobium and Schistosoma mansoni in tissue sections; (v) syphilitic gastritis, an uncommon presentation of Treponema pallidum infection, in a patient with an additional incidental infection by Helicobacter pylori; (vi) **microsporidiosis** , the only infection caused by a Pleistophora sp. in humans; (vii) sporotrichosis, a rare disseminated infection caused by Sporothrix schenckii with numerous yeast cells in the scrotum; (viii) angiostrongyliasis, the first and only infection caused by Angiostrongylus costaricensis acquired in either Puerto Rico or the United States; and (ix) botryomycosis of the **skin** and subcutaneous tissue, caused by gram-positive cocci with an unusually large number of granules. (67 Refs.)

Tags: Case Report; Female; Human; Male

Urethritis **associated with disseminated** microsporidiosis: **clinical response to albendazole.**

Corcoran GD; Isaacson JR; Daniels C; Chiodini PL

Department of Clinical Parasitology, Hospital for Tropical Diseases, London, United Kingdom.

Clinical infectious diseases (UNITED STATES) Mar 1996, 22 (3) p592-3, ISSN 1058-4838 Journal Code: A4J

Languages: ENGLISH

Document type: Journal Article

Record type: Completed

Subfile: INDEX MEDICUS

Tags: Animal; Case Report; Human; Male

Descriptors: AIDS-Related Opportunistic Infections--drug therapy--DT; *Albendazole--therapeutic use--TU; *Encephalitozoon --isolation and purification--IP; *Encephalitozoonosis--drug therapy--DT; *Sinusitis --complications--CO; * **Urethritis** --drug therapy--DT; AIDS-Related Opportunistic Infections--complications--CO; AIDS-Related Opportunistic Infections--parasitology--PS; Adult; Encephalitozoonosis--complications--CO; Encephalitozoonosis--parasitology--PS; Encephalitozoonosis--pathology --PA; Sinusitis--drug therapy--DT; Sinusitis--parasitology--PS; **Urethritis** --complications--CO; **Urethritis** --parasitology--PS; **Urethritis** --pathology--PA

CAS Registry No.: 54965-21-8 (Albendazole)

Record Date Created: 19961205

Albendazole-induced pseudomembranous colitis.

Shah V; Marino C; Altice FL

Section of Digestive Diseases, Yale University Medical School, New Haven, Connecticut, USA.

American journal of gastroenterology (UNITED STATES) Jul 1996, 91 (7) p1453-4, ISSN 0002-9270 Journal Code: 3HE

Languages: ENGLISH

Document type: Journal Article; Review; Review of Reported Cases

Record type: Completed

Subfile: INDEX MEDICUS

We report a patient with AIDS and intestinal **microsporidiosis** . While undergoing treatment with albendazole, he developed worsening diarrhea with abdominal pain and fever. The diagnosis of pseudomembranous **colitis** was made by flexible sigmoidoscopy and a positive stool specimen for Clostridium difficile toxin. The patient's symptoms resolved with oral vancomycin and his stool C. difficile toxin became negative. Albendazole is an antibiotic that is chemically related to metronidazole. Although a few case reports link metronidazole with the development of pseudomembranous **colitis** , albendazole has not been associated with the development of this condition. The spectrum of antimicrobial activity of albendazole and its efficacy in the treatment of intestinal **microsporidiosis** are reviewed. Pathogenic mechanisms for the development of pseudomembranous **colitis** and the epidemiology of this condition in patients with AIDS are discussed. (11 Refs.)

The relationship of vaginal trichomoniasis and pelvic inflammatory disease **among women colonized with Chlamydia trachomatis.**

AUTHOR: Paisarntantiwong Rita; Brockmann Susan; Clarke Lorraine; Landesman Sheldon; Feldman Joseph; Minkoff Howard(a)
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JOURNAL: Sexually Transmitted Diseases 22 (6):p344-347 1995
ISSN: 0148-5717
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Background: Trichomonas vaginalis is a common sexually transmitted pathogen that has been linked to upper genital tract bacterial disease. Its association with upper tract chlamydial disease has not been assessed. Goal of this Study: This study was undertaken to determine whether women colonized with Chlamydia trachomatis who are also infected with Trichomonas vaginalis are at increased risk for having pelvic inflammatory disease. Study Design: A nested case control methodology was used to compare Trichoinonas vaginalis rates between women colonized with Chlamydia trachomatis who had pelvic inflammatory disease (n = 24) and those who were colonized but did not have pelvic inflammatory disease (n = 47). Factors that might be related to the development of upper tract disease (e.g., douching, other sexually transmitted diseases) and factors linked to colonization with Trichomonas vaginalis (e.g. race, use of oral contraceptives) were assessed. Results: When exact logistic regression models were used and variables associated with pelvic inflammatory disease were considered, it was found that age (odds ratio = 0.73; P = .001) and Trichomonas vaginalis colonization (odds ratio = 4.72; P = .053) were significant. Conclusions: In this preliminary study of women colonized with Chlamydia trachomatis, an association was found between co-infection with Trichomonas vaginalis and evidence of upper tract disease.

8966293 BIOSIS NO.: 199396117794

Atypical pelvic inflammatory disease: **Can we identify clinical predictors?**

AUTHOR: Cates Willard Jr(a); Joesoef Riduan; Goldman Marlene B
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JOURNAL: American Journal of Obstetrics and Gynecology 169 (2 PART 1):p 341-346 1993
ISSN: 0002-9378
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Objective: We used data from a large multicenter case-control study of tubal infertility to analyze further the relationship among demographic variables, behavioral measures, history of previous sexually transmitted diseases, and past contraceptive practices, for women with and without a history of pelvic inflammatory disease. Study Design: We identified 283 white women with tubal infertility who requested care at seven participating institutions. Of these women, 238 (84%) did not have a history of pelvic inflammatory disease ("atypical pelvic inflammatory disease") whereas 45 reported a history of pelvic inflammatory disease ("overt pelvic inflammatory disease"). We compared these groups with 1629 white women without a history of either infertility or pelvic inflammatory disease who were delivered of their first live-born child at the same institutions as the infertile cases. Results: Women with atypical pelvic inflammatory disease were demographically more like fertile control subjects and had behavioral characteristics midway between those of the overt pelvic inflammatory disease group and the fertile group. Both oral contraceptive and diaphragm use protected against tubal infertility for women with either atypical or overt pelvic inflammatory disease. Atypical pelvic inflammatory disease was related to a history of Trichomonas infection but not to a reported history of gonorrhea, genital herpes, or other vaginitis. Conclusion: Atypical pelvic inflammatory disease is probably more common than its symptomatic counterpart. Whereas this condition is associated with some characteristics of a sexually transmitted infection, clinical predictors remain elusive.

SEXUALLY TRANSMITTED PATHOGENS IN ACUTE PELVIC INFLAMMATORY DISEASE
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ABSTRACT: The prevalence of sexually transmitted pathogens in two groups of women was studied: 50 women with clinical diagnoses of acute pelvic inflammatory disease (PID) and 50 asymptomatic women attending a family planning clinic (FPC). Genital specimens, collected by non-invasive procedures, were examined. Endocervical Neisseria gonorrhoeae was present in 62% of the PID group and 10% of the FPC group ($P < 0.0001$). One-third of N. gonorrhoeae isolates were penicillinase-producing strains. Chlamydia tracomatis was isolated from the endocervix in 30% of the PID group and 26% of the FPC group ($P = 0.8240$ NS). Mycoplasma hominis was more prevalent in the vaginas and endocervices of the PID group than the FPC group (84% and 72% v. 50% and 42%; $P = 0.0006$ and 0,0047 respectively). Trichomonas vaginalis was present in 56% of the PID group and 20% of the FPC group ($P = 0.0004$). Syphilis serology was positive in 34% of the PID group and 10% of the FPC group ($P = 0.0026$). In the PID group of patients, 8% were positive for HBsAg. Antibody to the human immunodeficiency virus was not detected in any of the 100 women. The high prevalence of recognised sexually transmitted pathogens underlines the need for appropriate antimicrobial agent(s) active against N. gonorrhoeae, C. trachomatis and M. hominis in patients with PID. In view of the high prevalence of penicillinase-producing strains of N. gonorrhoaea, routine use of an antibiotic active against such strains is desirable.

DESCRIPTORS: TRICHOMONAS-VAGINALIS NEISSERIA-GONORRHOEAE

Pelvic inflammatory disease: **Etiologic studies with emphasis on chlamydial infection**

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Chlamydia trachomatis is one of the main etiologic agents in pelvic inflammatory disease (PID) in Oslo. Up to two thirds of the 65 PID cases studied were associated with a chlamydial infection. The incidence of cervical gonorrhea was low (7.7%). Anaerobic bacteria were not isolated from the fallopian tubes or peritoneal fluid of any of the patients. Chlamydia-associated PID is characterized by a protracted course and vague symptoms. The laparoscopic findings indicate more severe inflammatory changes of the tubes than in patients in whom these agents were not found. The highest incidence of chlamydia-associated PID occurred in younger subjects, among whom the intrauterine contraceptive device was more frequently used. Perihepatitis was diagnosed in PID patients with and without chlamydial infection of the genital tract.

Etiologic factors in pelvic inflammatory disease in Sudanese women.

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Document Type: Journal article

Candida was isolated from 53 of 147 women with vaginal discharge examined (in 5 in combination with Trichomonas vaginalis). All but 1 of the 147 women had been circumcised. 7 ref.

DESCRIPTORS: effects; vagina
IDENTIFIERS: associated; female circumcision
ORGANISM DESCRIPTORS: man; Candida; Trichomonas vaginalis
GEOGRAPHIC NAMES: Sudan
BROADER TERMS: Homo; Hominidae; Primates; mammals; vertebrates; Chordata; animals; Deuteromycotina; Eumycota; fungi; Trichomonas; Trichomonadidae ; Trichomonadida; Sarcomastigophora; **Protozoa** ; invertebrates; East Africa; Africa South of Sahara; Africa
CABICODES: Parasites, Vectors, Pathogens & Biogenic Diseases of Humans

The relationship of vaginal trichomoniasis and pelvic inflammatory disease **among women colonized with Chlamydia trachomatis**

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Background : Trichomonas vaginalis is a common sexually transmitted pathogen that has been linked to upper genital tract bacterial disease. Its association with upper tract chlamydial disease has not been assessed. Goal of this Study : This study was undertaken to determine whether women colonized with Chlamydia trachomatis who are also infected with Trichomonas vaginalis are at increased risk for having pelvic inflammatory disease. Study Design : A nested case control methodology was used to compare Trichomonas vaginalis rates between women colonized with Chlamydia trachomatis who had pelvic inflammatory disease (n = 24) and those who were colonized but did not have pelvic inflammatory disease (n = 47). Factors that might be related to the development of upper tract disease (e.g., douching, other sexually transmitted diseases) and factors linked to colonization with Trichomonas vaginalis (e.g. race, use of oral contraceptives) were assessed. Results : When exact logistic regression models were used and variables associated with pelvic inflammatory disease were considered, it was found that age (odds ratio = 0.73 ; P =.001) and Trichomonas vaginalis colonization (odds ratio = 4.72 ; P =.053) were significant. Conclusions : In this preliminary study of women colonized with Chlamydia trachomatis, an association was found between co-infection with Trichomonas vaginalis and evidence of upper tract disease.